

Obesity Health System Country Report Card

Malaysia

Economic Classification





















Upper middle income¹

In 2017, Malaysia had a 3.3% unemployment rate according to national definitions and coverage².

Health System Summary

Malaysia's health system, like many, is made up of a public sector and a private sector. The public sector covers and is available to all legal residents of Malaysia - but is only utilised by 65% - and is led and funded primarily by the Malaysian government through taxation (patients pay small nominal fees)³. Despite covering the bulk of the population, the public health system is served by less doctors and specialists than the private sector. The private sector has thrived in recent years, and is mostly made up of private health insurance and fee-for-service, out of pocket payments. Generally, healthcare spending in Malaysia is considered to be low - especially when compared to other countries - but still, most have access to highly subsidised care through the public sector. Out of pocket expenditure makes up approximately 36% of health financing in Malaysia⁴.

Overall summary

Where your country's <u>government</u> in the journey towards defining 'Obesity as a disease'?	
( : Defined as disease,  : Partial,  : No,  : Not known)	
Where is your country's <u>healthcare provider</u> in the journey towards defining 'Obesity as a disease'?	
( : Defined as disease,  : Partial,  : No,  : Not known)	
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care.	
( : Government,  : Insurance,  : Out of pocket expense,  : Not known)	Variable
At what level of obesity are people usually eligible to access healthcare?	
( : BMI ≥30,  : ≥ 35,  : ≥35 + co-morbidities or ≥ 40 kg/m ² ,  : not defined or not known)	Variable

¹ World Bank economic classification by GNI per capita (June 2018)

<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups> (last accessed 09.11.2018)

² https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/WESP2018_Annex.pdf (last accessed 06.11.2018)

³ https://www.researchgate.net/profile/David_Quok2/publication/237409933_The_Malaysian_Health_Care_System_A_Review/links/0c96053b844e2563b9000000.pdf (last accessed 21.11.2018)

⁴ http://www.moh.gov.my/penerbitan/Laporan/Vol%201_MHSR%20Contextual%20Analysis_2016.pdf *last accessed 21.11.2018)

Is there a system for training health professionals to recognise, treat and manage obesity? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for <u>adults</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for <u>children</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●

Findings from stakeholders⁵

Overview of stakeholder feedback

Whether or not obesity is considered to be a disease is said to be dependent on who you ask e.g. clinicians vs the general population. In the public sector, it was said that pharmacotherapy was covered as long as it was in the *Ministry of Health Medicines Formulary*, but it was noted that there were limited options in there. Bariatric surgery is technically available through the public sector but availability was said to be scarce and it was noted that it required nominal and out of pocket contributions to complement the government funding. Coverage in the private sector on the other hand was said to be dependent on clinical indication and insurance coverage. Overall, it was felt that the most commonly deployed obesity treatment was behavioural modification which was covered in both the public and private sector.

Stakeholders recognised that there were clinical practice guidelines for the management of obesity. In practice however, it was said that there was a discordance between the guidelines and what happens in practice. It was said that people tended to enter the system by community screening referring them to primary care for intervention. If other comorbidities were present, the person was said to be referred to hospital or tertiary care.

It was noted that there was no specialist obesity training in Malaysia, and so it was felt that there was inadequate numbers of suitably qualified professionals to treat obesity in both urban and rural areas.

⁵ Note that this section is based on interviews and/or survey returns from 3 stakeholders.

Stakeholders revealed that a sugar-sweetened beverage tax was due to be implemented in 2019.

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in Malaysia⁶:

1. Perception that obesity is not a disease or a health problem
2. Lack of time for consultation and the challenges of prioritising patients
3. Obesogenic living environment
4. Poor health literacy of the general population

⁶ In no particular order